

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Consumer and Regulatory Affairs
Building and Land Regulation Administration
Zoning Division

\$33.00 Application Fee

\$33.00 Permit Fee

Non-Refundable

APPLICATION FOR HOME OCCUPATION PERMIT

1. Applicant=s Name _____
Last First Middle
2. Social Security Number ____ - ____ - ____
3. Residence Address _____
Zip Code

Is the above address your principal place of abode ☐ Yes ☐ No

4. Applicant is the ☐ Owner ☐ Tenant ☐ Other

Premises indicated in question #3 is a:

- | | |
|--|--|
| <input type="checkbox"/> Owner Occupied Single Family Dwelling | <input type="checkbox"/> Rented Apartment House Dwelling |
| <input type="checkbox"/> Condominium/Cooperative Dwelling | <input type="checkbox"/> Rooming House Dwelling (one room) |
| <input type="checkbox"/> Flat (two family dwelling) | <input type="checkbox"/> Rented Single Family Dwelling |

5. If applicant is other than the owner of premises in **question #3** above, does the owner of the property agree with its use in the proposed home based business? ☐ Yes ☐ No If answer yes, complete items below and submit a letter of authorization from the owner:

Owners Name _____

Owners Address _____

Owners Telephone # _____

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Review by: _____

HOP # _____

Application Status: ☐ approved ☐ declined ☐ pending

Date _____

Application Date _____

Treasurer # _____

Receipt # _____

6. Number and relationship of persons residing with you:

Spouse _____ Parent _____ Children _____ Siblings _____ In-Laws _____ Other _____

7. Are you physically handicapped? ☐ Yes ☐ No (If AYes@ complete the item below)
Does the nature of your handicap require special equipment to assist you in rendering the proposed business service(s)? If so, please describe the equipment _____
_____.

8. This application is for (check the appropriate box below):

☐ Sole Proprietorship

☐ Corporation*

☐ Partnership**

☐ Limited Liability Company

☐ Limited Partnership

☐ Licensed Professional***

* Attach to this application a copy of your Articles of Incorporation, Listing of Corporate Officers, and Letter of Good Standing (obtainable from the Corporations Division on the 1st floor in this building).

** Indicate partner=s Name: _____ in each form of business ownership listed above, *APPLICANT=S RESIDENCE* must be official premise for activities of proposed business enterprise

*** Attach a photocopy of your license to practice your professions in the District of Columbia. Examples of Professions requiring Professional Licensure: e.g. Attorney, MD, DDS, CPA, RN, Funeral Director, Real Estate Sales, Architects.

9. Describe the proposed business you intend to operate:

10. Are you presently operating a business in your residence? ☐ Yes ☐ No

11. The DC Zoning Regulations allow for a maximum of 25% of the available square footage of your home to be used in the operation of your proposed business. What is the total square footage of your residence? _____sq. ft. What percentage of the available square feet in your residence will be used in the operation of your proposed business? _____%

12. Where on the premises will materials (if any) used in the proposed business be stored?

_____.

13. What equipment will be used in the operation of your proposed business? (ex. typewriter, personal computer, fax machine, file cabinet, etc.) _____

_____.

14. Will the operation of your proposed business require any architectural or structural modifications to your residence? ☐ Yes ☐ No (If Yes, briefly describe modifications):

_____.

_____.

15. Will the operation of your proposed business require any interior modifications to your residence?
(If so, please check where appropriate):
- ☐ Electrical ☐ Plumbing ☐ Structural ☐ None
16. The DC Zoning Regulation do not allow for employment of more than **ONE** employee in home based business. (**EXCLUDING FAMILY MEMBERS**) How many persons will be employed in your proposed business? _____.
17. Indicate your relationship to those to be employed: a. ☐ Spouse b. ☐ children c. ☐ relatives
d. ☐ Others. Do any of these persons reside with you? ☐ Yes ☐ No
(If AYes@, indicate which persons reside with you by circling the above letters {a, b, c, or d}).
18. Will you be operating a **Bed & Breakfast** business? ☐ Yes ☐ No; If Yes, indicate number of sleeping rooms available for overnight guests _____ rooms. How many meals will be served per day? _____.
19. How do you propose to notify the public of the goods or services available from your home based business? _____.
20. Will there be a sign posted on the proposed business premise? ☐ Yes ☐ No; If Yes, describe the placement of the sign, its size and the identifying information to be placed on sign:
Size _____ Information _____
21. Will the proposed business result in the creation of a product? If Yes, briefly describe the product:

22. Will chemical compounds be used in the operation of your proposed business? ☐ Yes ☐ No
23. Indicate the proposed hours of operation of your business? _____ to _____ (M-F)
☐ (Weekends Only) ☐ (Evenings Only)
24. How many clients will be served on the premise within a one hour period? _____
25. How many vehicles will be used in the operation of your proposed business? _____
26. What type of parking will be provided for clients/visitors/employees of the proposed business?

- ☐ No Parking Provided ☐ Off Street Parking with _____ parking spaces on Street Parking

ATTESTATION AND CERTIFICATION

I certify that the information provided on this application for a Home Occupation Permit is true to the best of my knowledge and belief. I further certify that I understand that any information provided on this application, pertaining to the business that I propose to conduct which is found to be false, will result in this application or resulting permit being voided.

Name of proposed business (as it is to appear on your Home Occupation Permit)

Applicant Printed Name

Applicant Signature

Daytime Telephone Number

To the Applicant: A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THE DEPARTMENT PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING AND FINE YOU A MINIMUM OF \$1,000.00. THIS CERTIFICATION IS REQUIRED BY THE *A CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996* EFFECTIVE MAY 11, 1996, DC LAW 11-118, DC CODE 47-2681 ET SEQ.

CERTIFICATION

I, _____ (print name), certify that as of _____ (date), I do not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed permanent to the Litter Control Administration Action of 1985, effective March 25, 1986 (DC Law 6-100; DC Code 6-2901 et seq.)
2. Fines, penalties or interest assessed permanent to the Illegal Dumping Enforcement Act of 1994, effective March 20, 1994 (DC Law 10-117; DC Code 6-2911 et seq.)
3. Fines, penalties or interest assessed permanent to the Department of Consumer and Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1986 (DC Law 6-42; DC Code 6-2701 et seq.)
4. Past Due District of Columbia Taxes

I understand that if I knowingly falsify this Certification, the Department will move to revoke the permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the validity of this certification.

I understand that this certification is now required as documentation to accompany my application

for a license or permit, and that by completing the Certification, I am not guaranteed approval of this application for same.

Signature of Applicant

Title of Applicant

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Approved: Pursuant to DCMR Title II, Zoning Chapter 2, Accessory Uses (R-1) and 203 Home Occupation (R-1) the Zoning Administrator has determined that the Applicant has met all the conditions necessary for the issuance of a Home Occupation Permit, based on the information in this application and the administrative review process.

Approved Date

Denied: Pursuant to DCMR Title II, Zoning Chapter 2, Section 202 Accessory Uses and 203 Home Occupation, the Zoning Administrator has determined that while the Applicant appears to have met the conditions necessary for a Home Occupation Permit, the proposed business is inconsistent with the general purpose and intent of the zoning regulations for the following reason(s):

Denied Date

Pending: Additional information from applicant required (*see next page)

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OFFICE INFORMATION
Building and Land Regulation Administration
Permit Service Center

Suite 2100
(202) 442-4470

Applicants Information

Name _____

Address _____

Telephone Number _____

Issued Date _____

By _____
Signature

*** Pending**

- ☐ A report from the Inspection Division is required
- ☐ Does not satisfy D.C. Municipal Regulations Title 11 Section _____
- ☐ Articles of Incorporation required
- ☐ Copy of Professional License required.
- ☐ Signature of Applicant missing
- ☐ Indicated square footage exceeds the max allowable according to Zoning Regulation
- ☐ More than one employee indicated on No. 16 of submitted application.
- ☐ Other _____

